



959 Paris Avenue Circle N
 West Lakeland Township, MN 55082
 651-436-4773

Office Use Only Permit # Issued _____ Date of Issue _____
--

BUSINESS USE APPLICATION AND PERMIT

Applicant (complete all sections on pgs. 1 -4):	
Name:	
Address:	
Telephone:(Mobile/Work/Home)	
email:	
Date of Application submittal	
If Property Owner is Different than Applicant:	
Name:	
Address:	
Telephone: (Mobile/Work/Home)	
email	
Property Description:	
Parcel I.D. (Wa Cty Tax I.D.)	
Parcel Size (Acres)	
Zoning District (SFE, NC-B, HC-B, AG)	
Owner Occupied (Yes, No)	

Type of Business and Detail Description of Business Use (attach additional pages, site maps, and response as applicable (Section 1 or Section 2))

Applicable Ordinance Reference and Permit Types:

Ordinance Reference: westlakeland.govoffice2.com

Section 2:: 2.5 Administration of Conditional Uses, 2.6 Interim Use, and 2.7Certificate of Compliance

Section 4: Zoning Regulations, Zoning Maps, Districts, and Uses

Section 10: Home Occupations.

- For limited business use in ‘SFE’ Single Family Estate zoned properties where such use is accessory to the primary residential use of the property.

Section 11: Performance Standards

- For Home Occupation, Neighborhood Commercial, and Highway Commercial Uses

Section 18: Definitions

Permit application is required for all business uses in all Zoning Districts. A description of the business and Table 1 Business Operations must be complete or the application may be rejected.

The Type of Permit issued is based upon applicant response within permit application, public hearing, review and determination by the Township Board

Permit Types:

1. Home Occupation: Exempt
2. Home Occupation: Certificate of Compliance
3. Home Occupation: Interim Use
4. Conditional Use

An **interim use** may be allowed as a temporary **use** of property until a particular date, until the occurrence of a particular event, or until the zoning regulations no longer allow it.

A **conditional use permit** is a zoning exception which allows the property owner **use** of his land in a way not otherwise permitted within the particular zoning district

Signature of Applicant

Date

Signature of Property Owner (if different from applicant)

Date

TABLE 1 Business Operations	Applicant Answer	Home Occupation Permit Classification (HOC)				Conditional Use Permit (CUP) (NON-SFE or SFE if Allowed Use)
		Class 1	Class 2	Class 3	Class 4	
		Exempt	Cert of Compliance	Interim Use	Interim Use	
1. Zoning District (SFE, NC-B, HC-B, AG)		-	-	SFE	SFE	
2. Business Owner Occupied		Yes	Yes	Yes	Yes	No
3. Is the business owner the same as the property owner?						
4. Is the Use Allowed (Ref Ordinance Section 11)						Yes
5. Does Use include activity outside of the residence?		No	No	Yes	Yes	NA
6. Does Use include Retail or Over-the-Counter Sales?		No	No	Yes	Yes	Yes
7. Noise: Does Use include generation of additional noise?		No	No	Yes	Yes	Yes
• Is the additional noise described in detail		NA	NA	-	-	
8. Business personnel and employees:		-	-	-	-	
• Number of persons residing on premises		-	-	-	-	
• Number of persons residing on premises and working the business						
• Number of persons working in the business but not residing on premises		-	-	-	-	
9. Business Hours, Traffic, and Parking:		-	-	-	-	
• Average business vehicle trips per day		None	<3/day	>3/day	>3/day	
• Number of parking spots for employees						
• Location of business parking shown on site map						
• Student or customer visits per day		0	≤3	≤5	≥5	
• Days of operation		M-Sun	M-Fri	M-Fri	M-Sun	
• Scheduled hours of business operations						
10. Signage:		No	No	Yes	Yes	
• Business signage described and shown on site map. (Reference Ordinance Sect. 8; Performance Standards)		None	None	Requested	Requested	
11. Business Vehicles and Equipment		-	-	-	-	
• Is heavy equipment used or moving on property		No	No	Yes	Yes	
• Number of business vehicles being stored on site						
• Number of business vehicles and/or equipment stored outdoors		≤2	≤2	>2	>2	

TABLE 1 Business Operations (continued)	Applicant Answer	Home Occupation Permit Classification (HOC)				Conditional Use Permit (CUP) (NON-SFE or SFE if Allowed Use)
		Class 1	Class 2	Class 3	Class 4	
		Exempt	Cert of Compliance	Interim Use	Interim Use	
<ul style="list-style-type: none"> Location of vehicle and equipment storage described in detail and shown on site map 		NA	NA			
<ul style="list-style-type: none"> Vehicles and equipment described in detail (trailers, trucks, equip) 		NA	NA			
12. Business Materials Storage:						
<ul style="list-style-type: none"> Material described in detail (type, size, volume, qty) 						
<ul style="list-style-type: none"> Storage location described in detail and indicated on site map 						
<ul style="list-style-type: none"> Are materials stored outdoors 		No	No	Yes	Yes	
Hazardous materials description and usage:						
<ul style="list-style-type: none"> Provide detail description of materials 						
<ul style="list-style-type: none"> Provide explanation of material use 						
<ul style="list-style-type: none"> Provide Material Safety Data Sheets for each material 						
<ul style="list-style-type: none"> Provide description of how spillage will be handled 						
13. Site Map:						
<ul style="list-style-type: none"> Property map from Washington County GIS showing the parcel, structure, driveways, storage locations, outside work locations, and structures on adjoining parcels provided 		NA	NA	Required	Required	
14. Licensed Care Facility (in accordance with Ordinance 11.20)		No	No	No	No	Yes

BELOW IS FOR WEST LAKELAND TOWNSHIP BOARD USE ONLY:

Permit Number:	
Date of initial review:	
Date of initial inspection	
Date of Review (or public hearing if applicable):	

- Rejected

Type of Permit:

- Exempt (Class 1)
- Certificate of Compliance (Class 2)
- Home Occupation: Interim Use (Class 3 and Class 4)
- Conditional Use

Special Conditions and Requirements:
1.
2.
3.
4.
5.

This permit has been approved by:

Signature of Applicant

Date

Signature of Applicant

Date

Signature of West Lakeland Town Board Chair

Date